

INTERN APPLICATION

**PLEASE TYPE ALL ANSWERS. IN ADDITION, PLEASE ATTACH A BRIEF WRITING SAMPLE--
ESSAY, TEST PAPER, ETC., AND TWO LETTERS OF RECOMMENDATION.**

ON WHAT DAY CAN YOU BEGIN AN INTERNSHIP IN OUR OFFICE? _____

LAST DAY? _____ **WILL YOU BE WORKING FULL TIME?** _____

IF PART-TIME, HOW MANY HOURS/DAYS A WEEK? _____

VITAL STATISTICS

FULL NAME _____

TEMPORARY ADDRESS _____

CURRENT UNTIL _____ **PHONE** _____

PERMANENT ADDRESS _____

PHONE _____

BIRTH DATE _____ **SOCIAL SECURITY NUMBER** _____

EDUCATION

COLLEGE(S) NAME/LOCATION _____

DATE OF GRADUATION _____

MAJOR/MINOR _____

GRADE POINT AVERAGE _____

EXTRACURRICULAR ACTIVITIES _____

OFFICES/AWARDS/HONORS _____

HIGH SCHOOL NAME/LOCATION _____

DATE OF ATTENDANCE/GRADUATION _____ **GPA** _____

EXTRACURRICULAR ACTIVITIES IN HIGH SCHOOL _____

OFFICES/AWARDS/HONORS _____

WORK/VOLUNTEER/MILITARY EXPERIENCE

**START WITH PRESENT OR MOST RECENT POSITION. STATE DATES, NAME OF FIRM/ORGANIZATION,
JOB TITLE, LENGTH OF EMPLOYMENT AND DUTIES**

HOBBIES/INTERESTS

AIMS/PROFESSIONAL GOALS- BRIEF DESCRIPTION OF FUTURE PLANS

SPECIAL/PROFESSIONAL TALENTS THAT MAY CONTRIBUTE TO OUR OFFICE

**HOW WOULD EXPERIENCE AS AN INTERN IN A SENATE OFFICE SERVE YOUR CAREER
GOALS?**